

Davis (Ch. H. S.)

DIAGNOSIS OF FEMALE DISEASES.

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To any one conversant with current medical literature the fact is familiar that uterine diseases, if not on the increase, are certainly prevalent. This may be in a measure accounted for by the progress which has recently been made in the more thorough study of such affections, and the adaption of instrumental examination in the diagnosis and treatment of diseases of the uterus, which has opened an entirely new field of practice, and led to a complete transformation of uterine pathology. This has been owing in a great degree to such men as Kiwisch and Scanzoni, in Germany; Paul Du Bois and Cazeaux, in France; Robert Lee, Tyler Smith, Simpson, Bennet and Tilt, in Great Britain; and in the United States, Hodge and Meigs, of Philadelphia; Bedford, Gardner, Gaillard Thomas, Sims and Emmet, in New York; Byford, of Chicago; Storer, of Boston; Miller, of Louisville, and many other devoted gynecologists, whose matured judgments and skilful hands have ever been ready in the behalf of suffering women. Although the subject has been elevated to the dignity of a distinct branch of medical science, it can hardly be supposed as yet to have passed through its progressive and, to have arrived at its perfected stage. While old ideas have been subjected to the strictest ordeal, and, if not in accordance with the advanced stand-point of science, have been rejected, new theories or

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asserted facts have been brought forward with a boldness and often a plausibility that challenged investigation, to be attacked with like fearlessness, tested, and, if found worthless, rejected. It appears singular that a class of diseases of such everyday occurrence as uterine inflammations in reality are should have been almost totally overlooked until within the last few years, and that the symptoms which they occasion should for ages have been made the foundation for false pathological superstructures. Because they have been overlooked, misunderstood and neglected, an immense amount of suffering that has been borne as a necessity by women might have been relieved if this ailment had been investigated and studied with as much patience as and with no more reserve than we approach and investigate lung diseases or throat affections. Modesty, which is the most charming attribute of woman and the safeguard of society, raises such a barrier between the patient and the practitioner that she conceals her sufferings, and that freedom of investigation and of explanation which has led to the accurate knowledge of the diseases of the lungs and of the heart fails when the functions of the generative organs of women become deranged. Time was, and that, too, within a comparatively few years, when physicians in the knowledge of diseases of the pelvic viscera relied mainly on hearsay testimony. Deception as to the character of disease and failure in treatment were common, for the symptoms of one uterine disease, as described by the patient, were received as the type of all the other diseases. Like most advancements in medicine we are indebted for the great advancement in gynecology to improved methods of diagnosis. The speculum, the uterine sound and sponge tent, are the most important of these, and in skilful and experienced hands are fully adequate to the advanced wants of the science. He who proposes to treat uterine diseases, or diseases of the eye or of the throat, and who does not render himself familiar with the means which science has placed in his hands for such purposes, does not do himself or his patients justice. The introduction of the speculum into the practical treatment of the diseases of females has accomplished a great advance, not only in diagnosis but in the therapeutics of

the diseases of the genital organs. In fact, without the aid of this instrument, the successful and rational treatment of a great number of these diseases would be as impossible as those of the heart and lungs without auscultation and percussion. The uterine sound is to the modern gynecologist what the forceps are to the obstetrician; and, by passing the sound beyond the point where digital manipulation ceases, he acquaints himself with the state of the parts beyond—lighting up the *ultima Thule*—where all before was vague conjecture. By it we can discover the permeability of the canal of the neck or of the cavity of the body of the womb, the degree of mobility of this organ, the adhesions which may have been contracted with the neighboring organs, as well as to appreciate the length and size of the cavity, or the thickness and sensibility of the walls. By its use we may, in many instances of pelvic and hypogastric or abdominal tumors, ascertain the connection or non-connection of these tumors with the uterus, but more especially we can determine the deviation of the uterus, whether it is retroverted or retroflexed, or antiverted or antifixed. Another invaluable diagnostic aid, the sponge tent, constitutes, with the speculum and uterine sound, the diagnostic tripod, through and by means of which modern gynecology has attained its present proud eminence among the departments of medical science. The introduction of a cone of prepared sponge into the interior of the neck is an operation which was first used by Simpson in the treatment of the diseases of females, to discover certain foreign bodies in the cavity of the uterus, such as polypi, or round fibrous tumors. By means of sponge tents we are enabled often to detect the source of metrorrhagias and menorrhagias, which would otherwise elude our most careful investigation; and not only are we thus enabled to discover the cause, but, as in the case of fungoid granulations, whether occupying the cavity of the cervix or corpus uteri, we are enabled to apply our remedies understandingly. In 1857, guided by sponge tents, Dr. J. Marion Sims, of the Woman's Hospital, New York, detected and removed from the cavity of the corpus uteri a small polypus, not larger than a garden pea, which had eluded the research of sixty

different physicians in Europe and this country. With the écraseur of Chassaignac, with Sims or Tieman's porte-chain, together with Aùeling's polyp tome, Nelaton's forceps, etc., our surgical resources are equal to all cases admitting removal. With the diagnostic aids described above I have ceased to prescribe for patients with uterine diseases whose cases I am not permitted to examine in every way necessary for an accurate judgment. My advice is—prescribe with as perfect a knowledge of the case as possible or not at all. If description alone is accurate, and full of meaning, there rest the case; if touch is important do not omit it; if the speculum is deemed essential do not hesitate to call it into use. A few years ago inversion of the uterus could not be differentiated from polypus, and when determined could only be treated by extirpation. But, thanks to the genius of Drs. Tyler Smith and White, illumined by that of Sims, it is one of the many triumphs of which the gynecology of the nineteenth century can boast, that this accident has been proved to be amenable to conservative measures, and that taxis has been shown to be capable of effecting a cure, and preventing a resort to a mutilating surgical procedure. To one alive to the possibility of confounding the conditions with fibrous polypus the methods of differentiation are numerous and reliable.

This is well illustrated by the following table from Thomas :

<i>If it be polypus</i>	<i>If it be inversion</i>
the probe will pass by its side into the uterus.	the probe and finger will be arrested at the neck.
Conjoined manipulation will reveal the uterine body.	Conjoined manipulation will reveal a ring where the body should be.
Rectal touch will reveal the uterus.	Rectal touch will not discover the uterus.
Recto-vesical exploration will reveal the uterus.	Recto-vesical explorations will not discover the uterus.
The pedical will usually be small.	The pedical will be large.

Where the inversion of the body is only partial much greater difficulty will be found in differentiation.

If it be a polypus

the probe will show increase in dimension of uterine cavity.

Conjoined manipulation will reveal body of uterus of normal shape.

Rectal touch will show uterus to be smooth.

It will have come on gradually.

It will have no reference to parturition.

If it be inversion

the probe will show decrease in dimensions of uterine cavity.

Conjoined manipulation will reveal small abdominal ring.

Rectal touch will show abdominal ring.

It will have occurred suddenly.

It will usually have followed parturition.

Until within a few years ago fistulæ of the female genital organs was considered incurable, and the miserable victim of vesico-vaginal or recto-vaginal fistulæ was doomed to solitude—loathsome to herself and friends; life was a burden without hope. Says Dieffenbach, "A vesico-vaginal fistula is the greatest misfortune that can happen to a woman, and the more so because she is condemned to live with it, without the hope to die from it; to submit to all the sequels of its tortures till she succumbs either to another disease or old age."* In 1839 Velpeau pronounced the malady incurable, and all operations unjustifiable; and Vidal expressed, in 1850, a doubt whether surgical means had ever cured a case of vesico-vaginal fistula; and, as late as 1856, Scanzoni, expressing the opinion of Europe, gives the unfortunate sufferer but little hope. In 1856 Dr. Mott stated in public† that he was present in Europe when eight cases were operated upon—seven by Jobert and one by Roux—all of them failures. In America, thanks to the genius of Sims, all is changed, and this is declared to be the most curable of maladies. Of 261 cases treated by Sims' method 216 were permanently cured, 36 were curable, and only nine found to be incurable. Ovariectomy was condemned in Europe, as late as 1856, as a surgical temerity, and yet it is now an established surgical resource, saving scores of valuable lives that must otherwise be sacrificed. We mention these operations in order to show the great advancements that have been made in the treatment of female diseases by improved methods of diagnosis. Owing to the success of specialists in the study and treatment of uterine disease, the general profession have taken up the "uterine element of practice," and are pushing

* *Über die Heilung der Blasenscheidenfisteln*, No. 24.

† Report of 1st Anniversary of the New York Woman's Hospital.

it to an extent which is alarming; leeches, escharotics, actual cauteries, astringents and alteratives, pessaries, sponge tents and sea tangle bougies are used in an indiscriminate manner, and often to the injury of the patient; and with many physicians, if a slight enlargement of the cervix is discovered, a ring of congestion around the os, or a trifling amount of displacement, the usual routine treatment is instituted, the cervix is either melted down with potassa fusa or nitrate of silver, and then an interesting little contrivance, in the shape of a pessary—an instrument the oft demonstrated exponent of ignorance and hobbyism—is applied, and the indications of the case are supposed to be met. It has been well said that to use remedies with patience and skill, and with an intelligent belief in their powers to do good, requires far higher faculties than are needed to slit the os uteri. There is much reason to believe that, in many instances, morbid uterine sensations are simply intensified and maintained by local treatment. On the other hand, it is perfectly beyond question that many women, with real and serious uterine ailments, suffer much unnecessary pain and distress so long as local treatment is neglected, and are speedily restored to health and comfort when it is used. Says Dr. Hubbard,* “To attempt to treat a serious disease of one organ, without giving particular attention also to the condition of all the others, especially to those with which the suffering organ is in most intimate relations and sympathy, would be as unsuccessful as it is unphilosophical; * * * * for the sympathies of the uterus with every other part of the female organism are so evident, and the sympathetic relations of all the organs of woman with the uterus are so numerous and complicated—so intimate, and often so distant, yet pervading her entire being—that it would almost seem, to use the expression of another, ‘as if the Almighty, in creating the female sex, had taken the uterus and built up a woman around it.’”

The uterus is not only in intimate relation to the organs within the pelvis, but, by means of the cerebro-spinal and ganglionic divisions of the nervous system, it has properties derived from each, through which it is influenced by other organs, and in its

* Proceedings of the 78th Annual Convention of the Conn. Med. Soc., p. 361.

turn sends an influence radiating from itself to those parts of the body farthest removed from it. The so called spinal irritation, uterine inflammation and ulceration, hysteria, anæmia, and general debility, in many cases are but terms expressive of the most profound ignorance. The most distant symptoms are often the result of pelvic disease, either directly or through the influence of reflex nervous irritation. Cases of dyspepsia, consumption, affections of the stomach, bowels, liver derangements, neuralgia, headache, disorders of sciatic and other crural nerves, with pain, cramps, or deficiency of function, syncopal convulsions, muscular debility, disorder of circulation, of respiration, sympathy of mammary glands, moral and mental derangement, etc., etc., have often gone through the *role* of long and tedious medication as *actual* diseases, when, in fact, they were only sympathetic complaints owing to uterine disease. Scanzoni, one of the most learned authorities upon the diseases of women, says: "The most curious hyperæsthesias and anæsthesias of certain parts of the body, the most persistent neuralgias and spasmodic contractions, spreading often to numerous groups of muscles, claims, if not always at least frequently, for sole cause, an affection of the womb."* Primary disease of the uterine system may affect the general health by intensity of the disease, as in inflammation of the uterus and its appendages; by loss of fluids, as in menorrhagia, leucorrhœa, ovarian dropsy, etc.; by the retention of an excretion, as in amenorrhœa; by the generation of a morbid material, which is conveyed into the circulation, as in cancer; some cases of ulceration; putrid substance in the cavity of the uterus; and lastly, by sympathy, affecting the functions of nutrition, secretion and excretion. Diagnosis forms the indispensable basis of all *advances* in medicine and surgery. There is a common saying that the knowledge of what a disease is, is half the cure. When we can once identify a given diseased condition, we obtain the privilege of watching the behavior of that diseased condition again and again, under the operation of therapeutic measures, and from that time the increase of our knowledge concerning the appropriate management of that particular

* Diseases of Women, p. 33.

disease becomes progressive and sure. Certain rules ought to be observed in conducting a diagnostic examination. The physician should guard against a too purely scientific or professional feeling. He should not regard his patient as a mere subject for medical analysis, but should consult her feelings, prejudices and mental peculiarities, and should endeavor, while attaining his own conclusions, to do so with as little that is disagreeable and as much that is agreeable to the person chiefly interested as possible. To be a successful gynecologist a physician should make women the study of his life, so as to understand their mental peculiarities and their motives of action. He must know how to bespeak their confidence, to stimulate their hope, and to keep up their perseverance until the recovery of health, and also to bear with their caprices, despondencies and mental infirmities during the course of chronic disease. The cold, suspicious manner of some women paralyzes one, so that it requires a strong mental effort to plan their mode of treatment; while the open, generous, confiding manner of others magnifies to a tenfold degree our power of curing them. There are several modes of examination proper to determine the diagnosis of disease of the uterus and its appendages, which might be classified as follows: *First*, the *supra-pubic* examination, or the examination of the abdomen by sight, touch, auscultation and percussion. *Second*, a manual or tactile examination by the vagina. *Third*, a manual or tactile examination by the rectum. *Fourth*, a visual examination with the speculum. *Fifth*, the use of the uterus sound. *Sixth*, dilatation of the os uteri, so as to permit the examination of the cavity of the uterus by the introduction of the finger. *Seventh*, the microscopic and chemical examination of the discharges from the uterus and vagina. To give a general idea of the vastness of the science of gynecology the following means of diagnosis of the uterus is given: *External examination of the abdomen*—by inspection, admeasurement, palpation, with or without anæsthesia, percussion and auscultation. *Neck of uterus*—its position in pelvis, elevated, depressed, displaced towards either side, forwards or backwards; axis altered; direction and amount of alteration. *Size of neck*—natural, smaller than usual, enlarged, amount and direction of enlargement, shortened, lost, elongated;

consistence—soft, cushiony, hard, covered with transverse folds of mucous membrane; irregularities or elevations on surface; tenderness; pulsation of arteries on its surface; destruction, its character and extent; tumors, their extension in direction of body of uterus or towards other organs; adhesion of neck of uterus—at what part. *Lips of uterus*—natural, of ring like form, hard, soft, irregular, enlarged, flat, everted, thin, smooth, lobulated, excavated, etc. *Orifice of uterus*—incapable of being reached—from what cause; direction of, forwards, backwards, to either side, surrounded by cicatrix; its shape—natural, oval, rounded, irregular, elevated on one side, closed, open, degree of (admitting one or more fingers), obstructed, nature of obstruction; tumor projecting through orifice; its extent, narrowing of tumor opposite orifice, attachment of tumor to any part, or readiness with which finger can be passed around its neck. *Body of uterus*—position in centre of pelvis, directed forwards, backwards or to either side (partially or completely); anteflexed, retroflexed, amount of angle formed with the neck; apparent size (amount of enlargement about the cervix); enlarged equally in all directions, or in what direction; form of enlargement; lobulation or other irregularities of surface; consistence—hard, soft, fluctuating; fixity of uterus, apparent weight of uterus; repercussion (*ballotement*); admeasurement by sound; the use of dilatable tents—of sponge, sea-tangle, slippery elm, hollow bags, etc.; the use of the microscope in the examination of discharges. In conclusion, we make the following extract from Dr. H. R. Storer's second lecture, in his course to physicians, upon the Treatment of the Surgical Diseases of Women:

“There are many points concerning the details of diagnosis of great interest, such as the necessity of ambidexterity upon the part of the surgeon, alike in examination and in operating; the risks to which he is exposed of digital syphilitic and septicæmic infection, and from damage from other sources to his good name; the danger, unless his hands and instruments are kept scrupulously clean, of inoculating the patient with specific or other virus; the advantage of always preceding an examination with the speculum by careful palpation, both by the

vagina and abdomen, and these combined ; the benefit, in the case of nervous patients and abdominal enlargements, of employing an anæsthetic ; the need of care with reference to the presence of pregnancy and to the patient's moral welfare ; the proper methods of making instrumental examination, the errors of observation liable to be made, and the physical injuries to be avoided."

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